

HAND RECEIPT

ASSIGNMENT OF FIXED ASSETS
TO BE COMPLETED AT TIME OF TEMPORARY TRANSFER
COLUMBUS MUNICIPAL SCHOOL DISTRICT

ASSET NUMBER: _____

ITEM DESCRIPTION: _____

SERIAL NUMBER: _____

SCHOOL / LOCATION: _____

DATE: _____

PURPOSE: _____

ESTIMATED DATE OF RETURN: _____

SIGNATURE OF PRINCIPAL/SUPERVISOR: _____

SIGNATURE OF PERSON RECEIVING: _____
(SIGNATURE CERTIFIES THAT THE ASSET WILL BE USED ONLY TO CONDUCT OFFICIAL SCHOOL BUSINESS)



DATE RETURNED: _____

SIGNATURE OF BOTH PARTIES INDICATES ITEM RETURNED IN ORIGINAL CONDITION:
